

Prana Yoga Center

11225 S. Saginaw St.

Grand Blanc, Michigan 48439

Phone: (810) 965-0184



Teacher Training Application (200-Hours)

The Prana Yoga Center Teacher Training program is a RYS 200 Registered Yoga School and fulfills the requirements set by Yoga Alliance; upon completion, you will be eligible to register with Yoga Alliance as a Registered Yoga Teacher (RYT).

Program Start Date: Week of July 15, 2018

Tuition: \$2,500.00 (200 hours).

Note: Price includes unlimited yoga at Prana Yoga Center throughout the duration of the teacher training program.

Application Requirements:

- Complete the application form.
- Enclose a **deposit of \$250** (check or money order made payable to Prana Yoga). The deposit will be applied toward tuition. **The deposit is due with the application.** An application fee of not more than \$25 may be retained by the school if the application is denied.
- Deliver the application and deposit to:

Jennifer Whipple
Prana Yoga Center
11225 S. Saginaw St.
Grand Blanc, MI 48439

Tuition Payments:

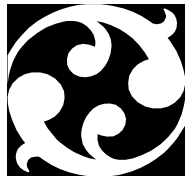
Half of the remaining tuition (\$1000 after the \$250 deposit is applied) **is due three weeks before the program start date.** Participants must pay their balance in full no later than one week before the program start date. Please make checks or money order payable to Prana Yoga.

Tuition Refunds:

The \$250 deposit paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25 may be retained by the school if the application is denied. **Upon acceptance into the school, the \$250 deposit becomes nonrefundable.** All tuition and fees paid by the applicant shall be refunded (**minus the \$250 deposit**) if requested within 3 business days after signing an enrollment contract with the school. Once the 3 business days have elapsed, no refunds will be given. All refunds shall be returned within 30 days.

Questions?

Contact: Jennifer Whipple - (810) 965-0184 or e-mail: jamwhipple@aol.com



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Teacher Training Application

PLEASE PRINT OR TYPE CLEARLY:

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Date of Birth: _____

E-mail address: _____

Person to contact in case of emergency:

Name: _____ Phone (day): _____

Address: _____ Phone (evening): _____

City, State, Zip: _____

How long have you practiced yoga?

List yoga history, experience, styles practiced and previous training: (Use a separate page if necessary)

Why do you want to take this Prana Yoga teacher training?

Please describe any special medical concerns you have. Are you currently taking any medication?

Any injuries or illness?

Please list or comment on any areas of special interest to you:

How did you hear of our course?

Are you taking this course for certification?

Yes

No